Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Cawthorn For NC 638 Spartanburg Hwy ADDRESS (number and street) Ste 70 #362 (Check if address is changed) Hendersonville 28792 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tcdatwyler@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://madisoncawthorn.com/ (Check if address is changed) DATE 07 2021 C00732958 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Datwyler, Thomas, , , Type or Print Name of Treasurer Datwyler, Thomas, , , [Electronically Filed] 12 07 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised (02/2009)	Page 2
TYPE OF COMMITTEE		
Candidate Committee	:	
(a) This committee	ee is a principal campaign committee. (Complete the candidate information below.)	
information be		plete the candidate
Name of Cawth Candidate	norn, David, Madison, ,	<u></u>
Candidate Party Affiliation REF	Office Sought: House Senate President	State
Party Affiliation	Sought: K House Senate President	District 13
(c) This committee	ee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:		
(d) This committee	· · · · · ·	(Democratic, Republican, etc.) Party.
Political Action Comm	ittee (PAC):	
(e) This committee	ee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:
Corpo	oration Corporation w/o Capital Stock	Labor Organization
Meml	bership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	ee supports/opposes more than one Federal candidate, and is NOT a separate see., nonconnected committee)	gregated fund or party
In add	lition, this committee is a Lobbyist/Registrant PAC.	
In add	lition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Rep	resentative:	
(3)	e collects contributions, pays fundraising expenses and disburses net proceeds for tw ganizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
	e collects contributions, pays fundraising expenses and disburses net proceeds for tw ganizations, none of which is an authorized committee of a federal candidate.	o or more political
Committees Partic	ipating in Joint Fundraiser	
1. [FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Davised C	2/2000)	Daga 2
FEC Form 1 (Revised 0 Write or Type Committee Name	:1200a)	Page 3
Cawthorn For N		
6. Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
TAKE BACK THE HOL	SE 2022	
Mailing Address	PO BOX 30844	
	BETHESDA	20824-0844
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee X Joint Fundraising Representati	ive Leadership PAC Sponsor
Custodian of Records: Identification books and records.	ify by name, address (phone number optional) and position of the per	rson in possession of committee
Datwyler, T	nomas, , ,	
Full Name	499 South Capital Street SW	
Mailing Address	#405	
	Washington DC	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	15 - 338 - 8544
B. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; a sistant treasurer).	and the name and address of
Full Name Datwyler, T	nomas, , ,	
Mailing Address	499 South Capital Street SW	
	#405	
	Washington	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer	71 Telephone number	15 338 8544

FEC Form 1 (Re	evised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	menter. List all burins of outer depositories in which the commission transfer in	
safety deposit boxes or Name of Bank, Deposito	ory, etc.	
safety deposit boxes or Name of Bank, Deposito	maintains funds. ory, etc.	
safety deposit boxes or Name of Bank, Deposito	maintains funds. ory, etc.	
safety deposit boxes or Name of Bank, Deposito	maintains funds. ory, etc.	22201
safety deposit boxes or Name of Bank, Deposito	maintains funds. ory, etc. ist 2200 Wilson Blvd, Ste 100	
safety deposit boxes or Name of Bank, Deposito	maintains funds. ory, etc. 2200 Wilson Blvd, Ste 100 Arlington CITY STATE	22201
Safety deposit boxes or Name of Bank, Depositor Mailing Address Name of Bank, Depositor	maintains funds. ory, etc. 2200 Wilson Blvd, Ste 100 Arlington CITY STATE	22201
Safety deposit boxes or Name of Bank, Depositor Mailing Address Name of Bank, Depositor	maintains funds. ory, etc. ist 2200 Wilson Blvd, Ste 100 Arlington CITY STATE ory, etc.	22201
Name of Bank, Deposito Mailing Address Name of Bank, Deposito	maintains funds. ory, etc. ist 2200 Wilson Blvd, Ste 100 Arlington CITY STATE ory, etc.	22201

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g)	or(h). Joint Fundraisin	g Participant:	
	1		FEC ID number C
	2.		FEC ID number C
	3.		FEC ID number C
	4.		FEC ID number
6.		Organization, Affiliated Committee, Joint Fundrai JMPH COMMITTEE	ising Representative, or Leadership PAC Sponsor
	Mailing Address	3103 JULIAN GLEN CIR	
		WAXHAW	NC 28173
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
		CITY ▲	STATE ▲ ZIP CODE ▲
	TITLE OR POSITION	V Citt	STATE A ZII CODE A
		Tele	ephone Number
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which th intains funds. town Valley Bank	ne committee deposits funds, holds accounts, rents
		1101 Professional Ct	
	Mailing Address		
		Hagaratawa	MD21740
		Hagerstown	MD 21740
		CITY A	STATE ▲ ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Mailing Address						
	802 Providence Ro	a			1 1 1 1	
Name of Bank, Depository, etc.	tizens Bank					
Banks or Other Depositor safety deposit boxes or mai	ntains funds.	or other depositories in v	which the comm	ittee deposit	s funds, h	olds accounts, rents
Lilia	·		Telephone N	lumber		
TITLE OR POSITION	<u> </u>	CITY A		STATE A		ZIP CODE ▲
Mailing Address						
Full Name						
Designated Agent: Identify	by name, address	(phone number – option	al)			
Connected	Organization	Affiliated Committee	Joint Fundraisin	g Represent	ative	Leadership PAC Spon
Relationship:		CITY A		STATE ▲		ZIP CODE ▲
			1	1 1	1	1 1
Mailing Address						
Name of Any Connected (Organization, Affil	iated Committee, Joint	Fundraising Re	presentativ	e, or Lead	ership PAC Sponso
4.			FEC II	D number	C	
3.				D number	С	
2.			FEC II	D number	С	
				D number	C	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) or (h).	. Joint Fundraisin	g Participant:		
	1	FE	C ID number	C
:	2.	FE	C ID number	С
;	3.	FE	C ID number	С
	4	FE	C ID number	C
6. Nan	me of Any Connected	Organization, Affiliated Committee, Joint Fundraising	Representative	e, or Leadership PAC Sponsor
L				
L				
	Mailing Address			
	Relationship:	OTTV A	CTATE A	7/D CODE A
		CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee Joint Fundra	aising Representa	ative Leadership PAC Sponsor
	signated Agent: Identify	by name, address (phone number – optional)	1 1 1 1 1	
		by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional)		
	Full Name Mailing Address	CITY A	STATE A	ZIP CODE A
	Full Name	CITY A		ZIP CODE A
9. Ban safe Nam	Full Name Mailing Address TITLE OR POSITION hks or Other Depositor by deposit boxes or ma	CITY CITY Telephor ries: List all banks or other depositories in which the countains funds. Bridge Bank	STATE ▲	
9. Ban safe Nam	Full Name Mailing Address TITLE OR POSITION hks or Other Depositor by deposit boxes or main me of Bank, Chain	CITY CITY Telephor ries: List all banks or other depositories in which the co intains funds.	STATE ▲	
9. Ban safe Nam	Full Name Mailing Address TITLE OR POSITION hks or Other Depositor ety deposit boxes or main me of Bank, pository, etc.	CITY CITY Telephor ries: List all banks or other depositories in which the countains funds. Bridge Bank	STATE ▲	
9. Ban safe Nam	Full Name Mailing Address TITLE OR POSITION hks or Other Depositor ety deposit boxes or main me of Bank, pository, etc.	CITY CITY Telephor ries: List all banks or other depositories in which the countains funds. Bridge Bank	STATE ▲	